



Wyoming Department of Health, Developmental Disabilities Division

Rules and Standards for Complaint/Grievance Process

“Welcome to the Division’s training on grievances and complaints. During this training you will become aware of the process you should use when you have a complaint against another provider, what you can expect if someone files a complaint against you as well as the Division’s process for taking and processing complaints”.

“As you continue through this training module, you will notice that the process has all the components of a mystery novel. It is like detective work with tip-offs, investigations, detectives and evidence gathering. So let’s probe further and examine the role we all play in the complaint process”.

“The Division investigates complaints when a provider is non-compliant with Medicaid Waiver Rules, a participant’s health and safety becomes a concern and when the person who is filing the complaint, or complainant, has already taken steps to resolve the issue with the provider”.

Requirements for CARF Providers

- CARF Accredited Providers must follow the CARF standards for complaints/grievances
 - CARF Standards include:
 - Documentation of complaints
 - Timeframes for follow up on complaints
 - Written notification of results of complaint investigation
 - Communicating complaint process to participants and families



CARF accredited providers are required to meet the CARF standards for complaints/grievances. These standards include documenting investigation of complaints, including the findings of the investigation, completing investigations within a specific time frame, notifying the complainant with the results of the investigation, and communicating the complaint process to participants and families.

Non CARF Providers have to meet the requirements in Wyoming Medicaid rules, Chapter 45, which are similar to the CARF standards but are not as involved since Non-CARF providers are not organizations, but are independent providers.



Complainant's Roles and Responsibilities – All Providers

- Complainant:
 - Notifies provider of concern/issue
 - Works with provider to resolve complaint through discussion/mediation
 - Continues to work with provider as provider takes action
 - If not satisfied with results, may file complaint with Division



“If you are the person who has the complaint, you are the complainant. As the complainant you are required to notify the provider of your concern or issue in a clear and composed manner and then work with the provider to fix or resolve the issue through discussion. You may also use mediation or third party intervention as a way to resolve a complaint. While working with the provider you can expect them to take action to resolve the complaint. You should continue to work with the provider throughout this process making sure you clearly document all the steps you have taken to resolve the problem.” “After working with the provider, if you are not satisfied with the results, you may then file a complaint with the Division.”

Non CARF Provider's Roles and Responsibilities

- Non CARF Provider:
 - Works with complainant to resolve the complaint through discussion/mediation
 - Documents complaint, action steps and complaint resolution
 - Shares documentation with case manager and complainant



““As the provider, you have responsibilities if someone has a complaint against you and the Waiver services you are providing. When someone comes to you with a complaint, you are required to conduct yourself professionally and work to resolve the problem with the complainant. You need to take action to fix the issue in a positive and proactive manner making sure to document the complaint, action steps you have taken and outcome. You are also required to share the documentation with the complainant and case manager as long as it doesn't violate HIPPA standards”

Division's Complaint Process

Step 1

- Questions Division asks when receiving a complaint:
 - Does complaint identify health & safety concerns?
 - Has complainant worked with provider to resolve the complaint?
- If the complainant is not satisfied with the provider's resolution the Division will request that the provider submit action steps and written documentation of resolution of complaint to the Division



“The tip-off. When the Division receives a complaint, the staff member will verify that the complainant has worked with the provider to resolve the complaint. Whether or not the complainant has worked with the provider to resolve the complaint will determine the next steps taken by the Division.”

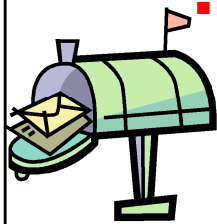
“If the complainant has not worked with the provider to resolve the complaint, Division staff will determine if the complaint concerns the health and safety of a participant. If this is the case, please note that the Division will take the complaint immediately and you will not be required to submit evidence that you have attempted to resolve the issue beforehand. Health and safety related complaints will always be taken immediately.”

“If the complaint is not health and safety related, Division staff will encourage the complainant to work with the provider and document the steps taken to resolve the issue.”

“If the complainant has worked with the provider to resolve the complaint, Division staff will take the formal complaint. Here's where Program Integrity become Private I's. The complainant will be required to submit the complaint to the Division in writing and PI staff will request written documentation of resolution attempts that includes dates and times of discussions as well as discussion content and responses.

Division's Complaint Process Step 2

- The Division notifies the parties involved
 - Complainant receives letter within 5 business days
 - Provider is notified and Division gather information on complaint
 - Division completes unannounced on-site visit if there are significant concerns with health, safety or rights



““The Division now notifies the parties involved. The complainant will be notified in writing within 10 calendar days explaining that the complaint has been received including a suggested time frame for completing the investigation.”

“The provider is also notified. This notification will be in writing explaining that a complaint was received if there are no significant health and safety concerns present. However, if significant health, safety or rights are a concern, the provider will be notified by an unannounced site visit.”

Division's Complaint Process Step 3

- Division begins investigation
- Investigation usually includes at least one of the following:
 - On-site visit
 - Request for documentation
 - Interviews
 - Review of provider's files, policies or procedures



“The Division now puts on their gumshoes and gets to work on the investigation. Steps the Division may take when investigating a complaint may include on site visits with the provider and correspondence with parties involved via telephone, email and certified mail.”

The Division can also interview the provider, provider staff, participants and families, and can review provider files, policies and procedures.

The Division collects as much information as possible before determining if the complaint can be substantiated.



Division's Complaint Process Step 4

- Investigation completed – parties are notified of results
 - Provider is notified in writing of results of investigation
 - If complaint is substantiated, provider is required to address concerns
 - Complainant is notified of findings if a guardian or participant

After the investigation, the Division once again notifies the parties involved. The complainant will receive notification that the complaint has been investigated and closed as long as the complainant is the participant or guardian.”

“The provider will be sent a written report summarizing the results of the complaint investigation. The report will include findings, corrective actions and applicable standards.”



Division's Complaint Process Step 5

- Division monitors the provider to assure corrective action is completed
- Division may follow-up during next provider recertification

“The Division then monitors the provider to ensure the corrective actions are completed

If the provider completes the corrective actions, Division staff may follow up with the provider at the next re-certification or throughout the year to serve as support and ensure compliance. Case closed.”



Frequently Asked Questions

Question 1: “I have a complaint against a provider but I worry that the provider will retaliate against this participant if I complain. Should I still file a complaint?”

Answer: Please go ahead and contact a Division staff person. You can file complaints anonymously, and we can work with you to investigate the complaint in a manner that will minimize any retaliation happening. If the Division has proof of retaliation against a provider we can take action.

Question 2: I am not a provider, guardian or a participant but I am concerned about a participant’s welfare. Can I file a complaint?”

Answer: Yes. You can contact any Division staff and file a complaint. However, we do need as much specific information as possible in order to complete an investigation.

Question 3: What should I do if my complaint is with the participant’s case manager?

Answer: You should first work with the case manager on your concerns. He or she may not be aware of any issues and should have an opportunity to try to address them first. If, after working with the case manager you continue to have concerns you can file a report with the Division.

Question 4: I’m not sure who I should call to file my complaint. Can you give me a phone number to call?”

Answer: There are Division staff assigned to your area who can take your complaint. If you are unsure who your regional Division staff member or area resource specialist is, you can contact the main office in Cheyenne at 1- 307-777-7115 or toll free at 1-800-510-0280 for more information or visit the DDD’s website .

Question: 5: Where can I find more information on the complaint process?

Answer: You can get more information from a Division staff, you can contact the main office in Cheyenne at 1- 307-777-7115 or toll free at 1-800-510-0280 for more information or visit the DDD’s website.



Accessing the Medicaid Rules

Go to http://soswy.state.wy.us/Rule_Search_main.asp

- Under Agency: click on "Health, Dept. of"
- Under Program: click on "Medicaid"
- Under Chapter No.: type in chapter number
- Click Search

Remember, all providers must adhere to the complaint process that is outlined in Chapter 45 Section 31 of the Wyoming Medicaid Rules. The rules can be found at the Secretary of State's website."

The Division works collaboratively with providers and can provide guidance when a provider is required to complete corrective actions. However, if a provider fails to complete corrective actions the Division will take action which may include de-certification as a Waiver service provider, suspension of certification, imposing of civil monetary penalties, imposing a monitor or placing conditions on a provider's certification."



Resources

- Wyoming Medicaid Rules, Chapter 45, Section 23, and 24
- Provider Manual
- Local Survey/Certification Staff
- Division web site:
<http://www.health.wyo.gov/ddd>